

SUE SERINO
COUNTY EXECUTIVE



SABRINA JAAR MARZOUKA, JD, MPH
COMMISSIONER

DUTCHESS COUNTY GOVERNMENT
DEPARTMENT OF COMMUNITY AND FAMILY SERVICES

Strengthening Families Program
Application Form

Thank you for your interest in the Dutchess County Department of Community and Family Services Strengthening Families Program for parents/guardians and youth ages 10 – 14 years old. The free 7- week program focuses on building stronger family relationships.

Each weekly session will be held at the Dutchess County Department of Community & Family Services, 60 Market Street, Poughkeepsie, New York 12601, from 5:00 pm – 8:00 pm. Supplies and dinner will be provided for all participants.

Please complete the application form and return to Juliana Corbett via email at Juliana.Corbett@dfa.state.ny.us or mail to DCFS Division of Youth Services, 60 Market Street, Poughkeepsie, New York 12601.

For more information, please call Juliana Corbett, (845) 486-3354.

PLEASE TYPE OR PRINT CLEARLY

Parent/Guardian Information

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Number of children in the household: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____



DUTCHESS COUNTY GOVERNMENT
DEPARTMENT OF COMMUNITY AND FAMILY SERVICES

Child(ren) Information

Child Name: _____ **Age:** _____

Grade: _____ **School:** _____

Sex At Birth: (check one) Male Female **Gender Identity:** _____

Sexual Orientation: _____

Child(ren) Ethnicity

White: _____ **Black or African American:** _____ **Hispanic or Latino:** _____

American Indian or Alaskan Native: _____ **Asian or Pacific Islander:** _____

Other: _____ **Unknown:** _____

Child(ren) Information

Child Name: _____ **Age:** _____

Grade: _____ **School:** _____

Sex At Birth: (check one) Male Female **Gender Identity:** _____

Sexual Orientation: _____

Child(ren) Ethnicity

White: _____ **Black or African American:** _____ **Hispanic or Latino:** _____

American Indian or Alaskan Native: _____ **Asian or Pacific Islander:** _____

Other: _____ **Unknown:** _____



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Child(ren) Information

Child Name: _____ **Age:** _____

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Other: _____ **Unknown:** _____

Child(ren) Information

Child Name: _____ **Age:** _____

Grade: _____ **School:** _____

Sex At Birth: (check one) Male Female **Gender Identity:** _____

Sexual Orientation: _____

Child(ren) Ethnicity

White: _____ **Black or African American:** _____ **Hispanic or Latino:** _____

American Indian or Alaskan Native: _____ **Asian or Pacific Islander:** _____

Other: _____ **Unknown:** _____